

Work Order ID 89865***89865***

Page 1

September 12, 2012 8:05:17 AM

Item ID: D350-604-041

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rear Locker Extender

Start Date: 9/12/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/21/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan: C2Date: 12/09/12 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start ***NR1***Stop ***NP2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D2273

F

D350-604-041

B

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-604-041

CHG003 for D2273 rev.E (new gelcoat)

CHG004 for D2273 rev.F (new primer)

110

0.00

110

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 17636

Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B

4 x 2600-LW Retaining washers - Ship to Delastek B

122335121524

#34

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 89865***89865***

Page 2

September 12, 2012 8:05:17 AM

Item ID: D350-604-041

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rear Locker Extender

Start Date: 9/12/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/21/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	Receive & Inspect for Damage & Mat'l Certs	0.00							
120	Packaging	0.00							
Packaging	Memo								
Packaging	Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.								
130	QC5- Inspect part completeness to step on W/O	0.00							
130		0.00							
QC	Memo								
Quality Control	Check hole locations to template. DT 8824 Check process sheet and audit.								
140		0.00							
140		0.00							
Small Fab	Memo								
Small Fab	INSTALL DECALS AS PER DWG								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: 12/10/03 Date: 12/10/03QA Closed: CK Date: 12/10/04

Work Order: <u>89865</u>				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. <u>D350-604-041</u>				Rework <input checked="" type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>	
NCR No. <u>12-18606</u>				Scrap <input type="checkbox"/>		Machining <input type="checkbox"/>		Small Fab <input type="checkbox"/>		Prod. Eng. Coord. <input type="checkbox"/>		Quality <input type="checkbox"/>	
				Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>	
				Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input checked="" type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	12/01/04	130	(N)	Found at inspection that the primer was cracking + chipping. R. Parts were not scuffed enough prior to priming. Discontinue or Solve?	DAS 16 8-3 Q52042 12/01/04	Remove all primer. Scuff according to obtain proper adhesion. Re prime as per Q52004	Ad 12-9-27	DAS 16 9-3 12/01/28	DAS 16 9-3 Q52042 12/01/24
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Out of Sequence	Not properly. see PRD enough Prio to priming	
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio								

Work Order ID 89865

89865

Page 3

September 12, 2012 8:05:17 AM

Item ID: D350-604-041

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Rear Locker Extender

Start Date: 9/12/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/21/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC5- Inspect part completeness to step on W/O	0.00							
150									
QC	Memo	0.00							
Quality Control									
160		0.00							
160	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D350-604-041								
	Location: <u>63</u>								
	PPP Rev: <u>E</u>								
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

DAS
16
12/09/12

1x

SP
12-9-28

12/10/12

ME
12-10-01

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

September 12, 2012 8:05:16 AM

Page 1

Work Order ID: 89865
 Parent Item: D350-604-041
 Parent Item Name: Rear Locker Extender

Start Date: 9/12/12
 Start Qty: 1.00
 Required Date: 9/21/12
 Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R 12.02.07 AS PER ECN12-
 521 DD verf:JLM IPP REV:S 12.04.04 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
2600-6 Camlock Stud		Purchased	No			110	Each	559.0000	4	4		09/12/12	

Location	Loc Qty	Loc Code
396	100	
122763	100	
ST380	259	
120077	8	
121287	32	
121556	4	
122317	18	
122335	17	
122441	180	
ST396	200	
122973	200	

2600-LW
 Camloc Retaining Washer

Purchased No 110 Each 580.0000

4 4 09/12/12

Location	Loc Qty	Loc Code
380	180	
122452	180	
ST380	200	
122317	200	
ST396	200	
122973	200	

12/15/12
 12/24/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

September 12, 2012 8:05:16 AM

Page 2

Work Order ID: 89865
 Parent Item: D350-604-041
 Parent Item Name: Rear Locker Extender

Start Date: 9/12/12 Required Date: 9/21/12
 Start Qty: 1.00 Required Qty: 1.00

D2268 Manufactured No 140 Each 43.0000 1

Decal

5/1

Location	Loc Qty	Loc Code
ST007	14	
80010	14	
ST008	15	
88883	15	
ST009	14	
69592	2	
78908	1	
86752	11	

D2269 Manufactured No Each 38.0000 1

Decal

5/1

Location	Loc Qty	Loc Code
ST007	18	
80011	6	
86944	12	
ST008	20	
88882	20	

D350-604-041P Purchased No 110 Each 7.0000 1

Rear Locker Extender

89865

Location	Loc Qty	Loc Code
CA	3	
83576	1	
88868	1	
88877	1	
ST	4	
74041	0	
87197	1	
87200	1	
87204	1	
87205	1	

NCR: Yes / No

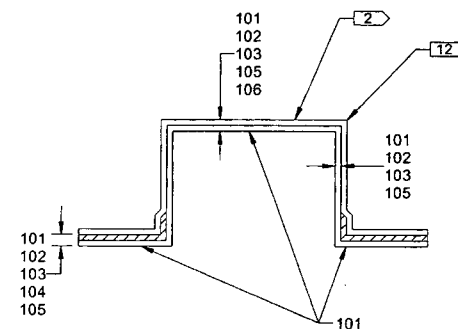
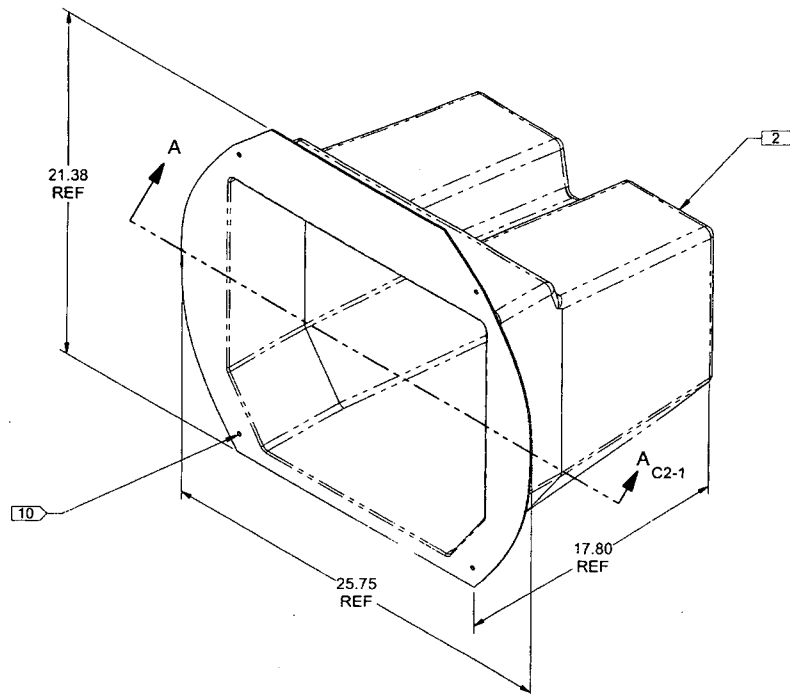
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

CL 12/09/12
W10: 89865



SECTION A-A
C4-1

D2273 REAR LOCKER EXTENDER

NOTES (OPTION A):

- 1) MATERIALS:
RESIN: DERA KANE 470-38/411/510A40
FIBRE: 9 oz = 9.7 oz 7781 WEAVE "S" GLASS
18 oz = 18.0 oz ROVING "E" GLASS
- 2) FINISH: FINISH THIS SURFACE WITH DUPONT GREY PRIMER LE 3404-S/LE 1175-S
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 7.75 lbs NOMINAL, 10.0 lbs MAXIMUM
- 8) LAMINATE PER DART QSI 006
- 9) LAMINATION SCHEDULE PER THIS DRAWING
- 10) LAYUP USING DT8010 MOLD. WET LAYUP NO BAG/VACUUM
- 11) TRIM & DRILL PER DT8020. OPEN HOLES TO Ø0.257 (4 PLACES)
- 12) CONSTRUCTION:
101-WHITE GLOSS GELCOAT # G730AA1100 TO MIN THICKNESS OF 0.020, MAX THICKNESS OF 0.040
102-9 oz ALL OVER
103-18 oz ALL OVER
104-18 oz REINFORCE FRONT FLANGE EXTENDING 2" ON SIDES
105-9 oz ALL OVER
106-PEEL PLY
- 13) MATTE TO HOLD DOWN CORNERS AS REQUIRED

NOTES (OPTION B):

- 1) MATERIALS:
RESIN: HETRON FR 650 T-20
FIBRE: 1.5 oz RANDOM FIBERGLASS MAT
CATALYST: CADOX M-50A
- 2) FINISH: FINISH THIS SURFACE WITH DUPONT GREY PRIMER LE 3404-S/LE 1175-S
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 8.5 lbs NOMINAL, 10.0 lbs MAXIMUM
- 8) LAMINATE PER THIS DRAWING
- 9) LAYUP USING DT8010 MOLD. WET LAYUP NO BAG/VACUUM
- 10) TRIM & DRILL PER DT8020. OPEN HOLES TO Ø0.257 (4 PLACES)
- 11) CONSTRUCTION:
101-WHITE GLOSS GELCOAT # G730AA1100 TO MIN THICKNESS OF 0.020, MAX THICKNESS OF 0.040
102-1.5 oz RANDOM FIBERGLASS MAT
103-N/A
104-N/A
105-1.5 oz RANDOM FIBERGLASS MAT
106-N/A
- 12) N/A
- 13) CATALYZE GELCOAT AND RESIN @ 1.5% CADOX M-50A

RELEASED
2012-08-22

G	ADD MANUFACTURING OPTION B, ZN B5-1	DC	12.08.08
F	PRIMER LE 3404-S/LE 1175-S WAS 1144-S, ZN A6-1	DC	12.02.27
E	CHANGED SURFACE FINISH FROM 844W005 GELCOAT TO 2330PAWK745 GELCOAT, ZN A7-1. UPDATED DWG TO CURRENT STANDARDS.	DC	12.02.02
D	REMOVE EPOCAST, ADD SURFACE FINISH	CP	02.04.01
C	CLARIFY MATERIAL, LAYUP, AND TOOLING	RF	02.01.30
B	RE-DRAWN	MM	96.05.27
REV.	DESCRIPTION	BY	DATE
DESIGN	JB	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DC		
CHECKED	DF	DRAWING NO.	REV. G
MFG. APPR.	DC	D2273	SHEET 1 OF 1
APPROVED	DF	TITLE	SCALE
DE APPR.	DF	350 REAR LOCKER EXTENDER	NTS
DATE	12.08.08	COPYRIGHT © 1996 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



Certificate of Conformance

Solve Composites

29 Distribution Way

Plattsburgh, New York, 12901

USA

Dart Aerospace Order Number: 17636

Part Number: D2273

Quantity: 1

Drawing Number: D2273, DT8020

Serial Number (s): 0030, 0031, 0032, 0033, 0034

Date: September 24, 2012

Non-Conformances: None

This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.

Jerry Reyell

Project Manager

Solve Composites